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NURSING NOTES

Nurses on Trafalgar Day.

We were glad to see that nurses were evidently determined to do honour to the splendid memory of our great Nelson, that hero whose watchword was ever "Duty," and whose single-hearted ambition was to serve his country. Nursing uniforms were everywhere to be seen where crowds gathered to celebrate Trafalgar Day, and "off-duty time" was clearly being made the most of, at least by London nurses. The vast concourse of people in Trafalgar-square was a moving sight, even if our country did her best to miss the great opportunity offered by this anniversary. If nursing uniforms were there, on the omnibuses, on the steps of the National Gallery and St. Martin's Church, in the square itself, naval uniforms were conspicuous by their absence. Where were the bluejackets who should surely have made a guard of honour round the column? Where the naval bands playing the patriotic airs which stir the hearts of the people? Where the evidence that our Admiralty was foremost in organising a national celebration of the centenary of Trafalgar? Depressed by the painful obviousness of the fact that the English people are masters of the art of "How not to do it," the writer of these reflections felt a glow of thankfulness to see the nursing profession well represented in numbers and enthusiasm on Saturday.

Distinctions.

About ten days ago a jumble-sale in aid of the Newborough and Warden Nursing Society was held in the Town Hall, Newborough. It had the advantage of being opened by a certain Colonel Coulson, and, *post hoc* or *propter hoc*, proved very successful; and yet the gallant colonel is not happy! In the Society's accounts there was an item of expenditure called "Nurses' Uniforms," and this greatly disturbed him. Nurses, he said, might drape themselves uniformly, but they did not wear uniforms. Precisely what he meant it is not easy to say, and anyone who desires to find out should study this sentence quietly, or else try parsing it backwards. Even then they may fail, and in any case they must not let that precious word "drape" distract their attention by calling up visions of numbers of statuesque daughters of the gods, divinely fair, standing about a ward in clinging garments and picturesque poses. No, for if we "drape," so, too, must postmen, railway guards, and even tram conductors, since soldiers, sailors, and policemen, says the colonel, alone wear uniform. Obviously, therefore, Johnson and the other lexicographers must be wrong when they define the word uniform as merely meaning any special form of dress intended to show that the wearer belongs to a particular class, and with no special reference to soldiers or sailors. It is natural, of course, that the colonel should know more about the matter than most people, since, presumably, he has some sort of connection with the War Office—a body which is credited with studying the question of what uniforms *should* be with great attention—and with changing its mind once a fortnight.

Women's Hospital at Plaistow.

The nurses of our large, well-equipped hospitals may be surprised to hear that 300 successful operations were performed in a bathroom twelve feet by six feet (including the bath) at the Medical Mission Hospital in Canning Town. It is small wonder that the settlement of women workers at Canning Town are glad to have at last built a new and suitable Hospital for Women and Children at Balaam-street, Plaistow, which was opened last week by the Countess of Aberdeen in the regrettable absence of Princess Louise, Duchess of Argyll. The hospital consists only of a medical and a surgical ward, with twenty beds, and one small private room. The nurses' home, a picturesque building, has five bedrooms, a dining and sitting-room, with a room for the home sister on the ground floor. The matron, Miss Pratt, has two staff nurses and one probationer, but in the speeches made by Miss Cheetham, the chief resident worker, and Miss Simpson, L.R.C.P.E., senior resident medical officer, they appealed earnestly for three ladies to volunteer as probationers; the charge for board is 17s. to 20s. per week. Several of the best-known women doctors of London are on the consulting staff.

National Council of Nurses.

A meeting of the Provisional Committee of the National Council of Nurses was held on October 21st at 431 Oxford-street. Miss Rogers, matron of the County Hospital, Leicester, was in the chair. Applications for affiliation were received from the Nurses' League of the Royal South Hants County Hospital, also from the Kingston Infirmary Nurses' League. Other business was transacted.

On Presentations.

We live in an age when "Presentations" are the order of the day, and are becoming almost as much of a tax upon the purses of the less well-to-do, to borrow an Americanism, as are wedding-presents, now that young couples expect to furnish their house from garret to cellar on the gifts of their friends and relations. Lately there have been a good many retirements from active service in the nursing profession, and the accounts of the inevitable presentations afford food for thought. It is natural enough that a nursing staff should wish to give some tangible evidence of their esteem and appreciation to their departing matron, but there are ways *and* ways of doing things, and it must have occurred to many people that a more excellent one might often be found on these occasions. It is not for its cost that the recipient of a testimonial values that sign of goodwill, but for reasons that have no connection with its money value. Is it, therefore, not a pity that such efforts are made to canvass nurses for substantial subscriptions, with the idea of piling up the golden coins, instead of letting a kindly sentiment find expression in some wholly simple, perhaps even impersonal, memento to one who knows well the narrowness of a nurse's purse, and in most cases would far rather not be burdened by the excessive generosity of too handsome a tribute?

It is surprising that these gifts do not more often take the form of some gift to the institution, a picture for a ward, some comfort or beautification for the good of all. At least, it is surely better to "present" the sum collected in money form, to be used as the recipient may prefer, rather than for the purchase of expensive luxuries, which must often be white elephants to their possessor.

Lectures to "Bart.'s" Nurses.

The first lecture of the post-graduate course, inaugurated by the League of St. Bartholomew's Hospital, was delivered on Wednesday evening, October 18th, to a large and appreciative number of members of the League. This time it was in the Great Hall, but in future the Medical School will be requisitioned for the purpose. Dr. Andrewes, in the introduction to his lecture, spoke of the advisability of the teaching of bacteriology in some degree to nurses, as it gave them a more intelligent understanding of a doctor's instructions, and was a guide in those cases of emergency which must occasionally arise unforeseen by the medical attendant. The whole study of bacteriology would seem to be the work of a lifetime, and, fascinating as it becomes to the student the more its mysteries are unfolded to him, only a very small portion of it can possibly be included in the curriculum of a nurse's training. The matron, Miss Isla Stewart, and several of the ward-sisters were present, and all accorded the lecturer a hearty round of applause at the close.

Progress at the Stoke Workhouse Infirmary.

After an admitted period of trouble and inefficiency, the Guardians of Stoke Workhouse have accepted the recommendation of the resident medical officer to appoint a new superintendent night-nurse, three assistant nurses, and two probationers, and to extend the limits of age, so that candidates from twenty-one to thirty should be eligible. The question of appointing a sister for the Nurses' Home was left undecided.

These decisions were carried, in spite of opposition from two or three of those present on the ground of expenditure. It was pointed out that in the North Staffordshire Infirmary, which is half the size, there were seventy-three nurses, and that the chief consideration should be efficiency in nursing the sick.

Death of a Q.V.J. Superintendent.

The funeral of Miss Graeme, Superintendent of the Perth Sick Nursing Society, took place recently from St. Ninian's Cathedral, Perth. The deceased lady was a daughter of the late Major Graeme, of Inchbrakie, the hero of La Haye Saint at Waterloo, and the descendant of the great Duke of Montrose. Her mother, the Hon. Mrs. Graeme, was daughter of the sixth Lord Strathallan, and grand-daughter of the fourth Duke of Atholl. The deceased lady was descended in at least twenty distinct lines from King Robert the Bruce. For upwards of ten years Miss Graeme was superintendent of the Perth Sick Nursing Society. She was a certificated Queen's nurse, and her devotion and fidelity were universally acknowledged.

Nuns as Nurses.

We are glad to learn from *Freeman's Journal* that nine of the nursing sisters of St. John of God, Wexford, have successfully passed their examinations in elementary anatomy and physiology, and in medical, surgical, and fever nursing, having completed a course of instruction given by an experienced nurse from London, who has had many years' experience in training probationers and nurses in public hospitals.

The examiners were Dr. Crean and Dr. Hickie and Miss Thomas, the able instructress of nurses at the District Hospital, Waterford. The latter gave the candidates a very searching examination, first verbally, and then by practical illustration in the wards, each candidate having to perform two or more nursing duties for the patients under her personal supervision; while Dr. Crean and Dr. Hickie gave them a thorough examination, both verbal and written, on general nursing. The examiners pronounced themselves well satisfied with the result of their examination, giving as their opinion that "the candidates showed a very thorough and practical knowledge of their duties."

We understand that an arrangement has been made by which the training of the sisters will be regularly carried on, so that a certain number will each year present themselves for examination.

Belfast Poor Nursing.

Lady Hermione Blackwood presided in Belfast last week at the quarterly meeting of the Society for Providing Nurses for the Sick Poor, and pointed out that, apart from mere help and skilled nursing, the importance of the district nurse's preventive work could not be exaggerated. Owing to her timely intervention, many children were saved from growing up to a life of chronic ill-health such as resulted so often from symptoms neglected in childhood. The workhouses were filled with these physically weak creatures, who, with a little care, might have grown up able-bodied and wage-earning men and women. Workhouses, sanatoriums, and hospitals were all expensive luxuries, and prevention in all cases was better and far less expensive than cure. She believed if only the ratepayers realised that in district nurses they had to their hand the most splendid agents for preventing not only the spread of disease, but of general poor health, and the physical deterioration they heard so much about now, there was not one who would not contribute liberally to their support.

Unfortunately, the expenditure is in excess of the income, and subscriptions to the amount of £100 a year are urgently needed.

An Interesting Presentation.

Miss Janet Mayne, the matron of Limerick County Infirmary, was recently presented by the governors and friends of the institution with a heavy purse of sovereigns, "as a slight token," in the words of the chairman, "of the appreciation by all classes of the people of Limerick, city and county, of the ability which Miss Mayne had shown in bringing the County Infirmary into the first rank of useful public institutions; and of thankfulness to her for her untiring zeal for the good of the patients entrusted to her charge during the last eleven years. Work such as she had done could not be repaid by money, either in the shape of salary or testimonial, as such good work was only possible where love of duty was paramount. Such zealous, loving work could only be paid by love and respect from those who observed its good fruits. This purse of sovereigns was merely an outward and visible sign of the love and esteem of those who had subscribed them."

Miss Mayne expressed her gratitude for this sign of approval of her eleven years' labour.

Queen's Superintendents in Conference.

A committee of the "Queen's Superintendents" met last week to discuss the programme for the conference on district nursing topics, which is to be held in London on November 29th, being a joint conference between the Associations in the Northern and Southern Counties. This is the first time the two Associations have arranged a combined meeting, and as it is also to be the occasion for making a presentation to Miss Peter, invitations are being extended to Scotch and Irish superintendents, and to the inspectors, so that it will be a very large gathering, and its character more social than usual. It has now been decided that the presentation shall take the form of a cheque, the opinion of the majority of the contributing nurses being in favour of that sensible plan. The subjects decided upon for discussion are:—"How Inspection may be made of the most use"; "How best to utilise outside help"; and "The relation of Queen's Nurses to the Local Supervising Authorities under the Midwives Act."

Lincolnshire District Nursing.

The Lincolnshire County Nursing Association, affiliated to Queen Victoria's Jubilee Institute for Nurses, is shortly to present the twelfth annual Report to a general meeting of subscribers.

It is one of the pioneers of county association work, and, in common with similar associations working on their own lines, was started to supply nurses to local associations for work amongst the poor in their own homes.

Each association is provided with the nurse most suitable to the locality. Some are certificated hospital nurses with further training in district work. Others are women from the country, trained in midwifery, and registered under the Midwives Act, with further instruction in general nursing. The three County Councils of Lincolnshire have, from the beginning of the Association, afforded valuable help by granting scholarships to selected candidates from the respective areas to enable them to receive this midwifery and district training. By a separate agreement with the County Association, these women remain, if suitable, for three years, so that the county as a whole reaps the benefit of this wise expenditure of the funds at the disposal of the Committee of Technical Education.

Since the passing of the Midwives Act the certificate gained under the Central Midwives Board has become a valuable asset, as it affords a means of livelihood at any time the midwife chooses to practise under the prescribed conditions.

Other County Councils have been equally far-seeing in helping local women in this manner, profiting by the good example of Lincolnshire.

The quiet, unostentatious work being carried on by example and precept in the country districts, as well as in the towns, by the nurses so wisely provided is bound to bear good fruit. They have unequalled opportunities of teaching the simple laws of health and the care of infants and young children, and Lincolnshire has influenced many other associations to carry out their work on broad and sound lines.

Local Training for District Nurses.

The Exeter Poor Law Guardians are to be congratulated on the excellent provision they have made for the sick who come under their care. The arrangements of the new infirmary in connection with the Exeter Workhouse appear thoroughly up to modern requirements, a special feature being the contemplated accommodation for phthisical patients in a separate bungalow.

A suggestion made at the opening ceremony is worthy of consideration. It was to the effect that such a well-appointed infirmary afforded an opportunity for training Devonshire women as nurses for Devonshire people, especially for the sick poor in their houses, in connection with the Devon County Nursing Association.

Now that county associations are increasing in numbers with the express object of providing district nurses and midwives for their own county, it seems desirable that local candidates should profit by local institutions, whether these are supported by voluntary contributions or provided by the ratepayers. Nurses who are natives of a county are often more acceptable in the homes of the people, as they understand and accept local customs and ideas. That the suggested training is to be in a Poor Law institution opens a wider issue. There is an idea that, with a few exceptions, the class of patients usually received in these workhouse hospitals do not require such highly skilled nursing as do those in a general hospital. It is just these chronic cases who need most patient, careful tending, for alleviation is all important when recovery is impossible. The details of everyday nursing attention become of vast importance to those who linger for months in constant weariness and pain.

A sufficiently staffed, well-organised Poor Law infirmary provides an excellent training-school for nurses to acquire patience and insight into hopeless cases that may be missed in the wards of a hospital, where urgent and acute cases form the majority of the patients.

Private Nursing at Swansea.

At a meeting of the Swansea Hospital Board, to which attention was drawn some little time ago in these columns, a resolution was passed in favour of abolishing the small nursing institution which hitherto has been carried on in connection with the hospital. It appeared to us at the time that the subject had scarcely been discussed either at adequate length or in a sufficiently impartial fashion. Last week the question was brought up again, and an attempt made to get the previous resolution rescinded. The subject seems to have been discussed very temperately, but in the event the original decision was upheld. Opinions were, however, so equally divided that the motion to continue the institution was only defeated by the casting vote of the chairman. That the home has hitherto been successful is shown by the profit upon last year's work, and that it has fulfilled a useful purpose is sufficiently indicated by the fact that it is the medical staff of the hospital which is especially anxious that the work should be continued. Upon the whole, therefore, it seems a pity that it should be dropped, particularly as it appears that the only reason for doing so is a small difficulty which has arisen in finding accommodation for the extra nurses within the walls of the hospital itself. Practically, however, the enterprise is not likely to come to an end altogether, for the medical staff wrote that if the Board refused to continue it as an official undertaking, they themselves intended to continue it as a nursing co-operation until such time as the hospital was again able and disposed to take it up.

National Hospital for the Paralysed.

On Tuesday last Miss Isabel Lawrence was appointed matron of this hospital, in place of Miss Vernet, who has accepted the post of matron at the Middlesex Hospital.

Miss Lawrence began her training in 1889 at the Crumpsall Infirmary, Manchester, and on leaving that institution had charge of male and female wards at the Cancer Hospital, Brompton, for four and a half years. Work at the National Hospital in Queen-square will not be new to her, since she has already held two appointments there; she had charge of the Bentinck ward for a year, and after a period of twelve months' private nursing became sister of Chandler ward. For the last three years she has been lady superintendent of the Meath Home for Epileptics at Godalming, which she now leaves to return for the third time to the National Hospital—as its matron.

Male Nurses.

In Paris, where a good start has been made with the proper training of nurses, there is in many quarters a feeling that male nurses should be employed in men's hospital wards. A contemporary suggests that the reason lies in the greater physical strength of men. But this point has never been raised in our country, and is probably of small import compared to the deep-rooted prejudice in France regarding the freedom of unmarried women. It is not considered right in France for a girl of the better classes to leave her home and work among men, and, as a consequence, when the nursing in some institutions was taken out of the hands of the nuns, the only probationers available were inferior in manners and station, and this led to the employment of male nurses, who in France have a reputation for gentleness and sympathy, and, when properly trained, make excellent nurses.

Lady Bective on District Nursing.

At the annual meeting of Kirkby Lonsdale Nursing Association, Lady Bective spoke of the lack of trained nurses in France and Germany, and said that, without undue self-glorification, we might feel that in England we had made a most important step forward in this direction during the last few years. She urged that nurses should be trained to impart the very needful elementary principles of hygiene, along with their attendance upon the sick, seeing that any suggestions tactfully made by nurses as to sanitation, food, washing, fresh air, &c., would be listened to with interest and be productive of beneficial changes.

The finances of the Association are in a satisfactory condition.

Doctors and Private Nurses.

In an action tried at Brompton County Court last week a somewhat novel point was brought out by the defence. The action itself was one of a kind sufficiently common in County Courts, namely, an attempt to obtain payment of fees for professional attendance by a medical man. Part of the defence raised was that the claim for attendance included a charge for the services of a trained nurse, and that of this sum half went into the medical man's own pocket. The accuracy of this statement was not denied, the answer made being to the effect that it was the usual thing for a medical man to take half the nurse's fees when she was in his service, because if he did not do so he would lose when she had no employment.

It is, of course, quite a common thing for medical men habitually to employ one or more particular nurses who understand their ways, but it may be doubted if a financial arrangement of the kind indicated in this action is really so common as to make it possible properly to apply the word "usual" to it. There may, of course, be many circumstances in which it would be quite legitimate for a medical man in general practice to engage the exclusive services of a nurse to assist him in the treatment of his patients, but as a general principle it does not, upon the whole, seem quite a desirable sort of plan in the interest of any of the parties concerned.

Irish Matrons' Association.

A meeting of the Irish Matrons' Association was held last week at 86 Lower Leeson-street, Dublin, when final arrangements were made for the examination of the Incorporated Society of Trained Masseuses, to be held in Dublin in February, 1906. Classes are now being formed at many of the hospitals, and by private teachers, to prepare pupils for this examination. Intending candidates should apply for full particulars to the hon. sec. of the Irish Matrons' Association, 86 Lower Leeson-street.

Miss Vernet takes up her work at the Middlesex Hospital on Saturday next, October 28th. A presentation to Miss Thorold, the retiring matron, will probably be made at Christmas, when she is expected to visit London.

A number of sisters and nurses in uniform attended the annual medical service last week at St. Paul's Cathedral, organised by the Guild of St. Luke. A large number of medical men, in the robes appropriate to their degrees, were present, and two or three lady doctors were included in the congregation.

The fair to be held shortly in Edinburgh in aid of the Royal Victoria Hospital for Consumption, Edinburgh, is for the purpose of raising the sum of £12,000 required for extension and endowment.

MEDICAL NOTES

Teething.

Dr. Leonard Guthrie, in the *Practitioner*, is exceedingly "down" on the convenient and popular notion that any complaint arising during the period from eight months to two years is "due to teething." In fact, he turns the tables completely, first stating that "dentition, being a physiological process, should be accomplished without any disturbance to the infant's health." He then says that, in his opinion and experience, painful dentition is almost invariably secondary to gastro-intestinal disturbance which has preceded the tender, swollen gums characteristic of truly painful teething.

Improper diet or tainted milk set up acute indigestion, and "the mouth, being part of the alimentary tract, and the teeth and gums part of the mouth, they share in the general disturbance caused by indigestible and irritant matter in the intestine."

Dr. Guthrie goes a step further and explains the prevalence of pneumonia and meningitis in neglected cases.

I. Gastro-intestinal disturbance, as evidenced by vomiting and diarrhœa, causes inflamed and swollen gums, associated with fever and suppression of saliva.

II. Inflamed and swollen gums without the action of the antiseptic saliva speedily cause a septic mouth, and microbes find a ready entrance, with the result that a septic pneumonia or meningitis supervenes.

Hence it follows that complaints of painful dentition should be first *proved* by an examination of the gums, which are not painful unless dry, swollen, inflamed, and tender to touch, but may be irritable and cause fretfulness unless something is provided to bite upon, and secondly *investigated* to determine whether there is not a concurrent disturbance of the lower part of the alimentary canal.

Dr. Guthrie therefore looks upon preventive treatment as most important. It must consist "in scrupulous attention to form and mode of preparation of diet", and also in that of "oral hygiene." "That which entereth the mouth defileth, and a teething baby puts everything therein which is possible of insertion." Therefore all articles allowed, such as rubber rings, doll's heads, spoons, &c., should be washed before use. Nurses should never taste the child's bottle as a preliminary proceeding to the meal—at least not through the teat—and "every baby should possess its own pocket handkerchief and badger-hair gum-brush."

When the gums are tender and inflamed Dr. Guthrie has them "brushed with a solution of ten grains of chlorate of potash to one ounce of glycerine of borax." In this case it should be remembered to brush them well with clean, boiled water before feeding, and again after a meal, before using the paint.

Gum-lancing, Dr. Guthrie considers, has had

far too much praise laid to its credit. Simple scarification does relieve pain, but "should not be practised in the absence of local indications for its use, and merely in blind hope of relieving constitutional symptoms and distress not otherwise accounted for."

Puerperal Convulsions.

Puerperal convulsions, or puerperal eclampsia, are decidedly one of the most appalling complications of pregnancy and child-birth, so the discussion which took place on the subject at the Leicester meeting of the British Medical Association is full of interest. The speakers included a large proportion of the best-known obstetricians in the United Kingdom, and a study of the views which they expressed leaves the impression that the precise causation of the disease is as yet obscure, and that anything in the way of a perfectly satisfactory way of treating it still remains to be discovered. Meantime, it may be said that it seems to be admitted by all alike that the immediate cause of the convulsions is a failure on the part of the patient to get rid of the products of the vital changes going on in her system, which result in a species of auto-intoxication or self-poisoning. Whether this failure is due, however, to the conditions in the kidneys evidenced by the albuminuria and decreased excretion of urine, which almost invariably precede and accompany the onset of the convulsions, is not clear. Probably failure in the action of the liver and other causes occasionally, if not always, share partly in the responsibility. In any case, there is no doubt that the disease occurs more often in women pregnant for the first time than in others; that if delivery is safely effected, the danger of further fits or of prolonged renal trouble is very materially diminished; and that the discovery of albumin in the urine of a pregnant woman is a warning note of the highest importance. In such case the patient should be submitted to a strict *régime*, kept in an equable temperature, be made to rest as much as possible, have her bowels kept freely open, take plenty of liquids, and live chiefly on milk, fortified, perhaps, with a little farinaceous food, but no meat whatever. If convulsions occur, the indications seem to be to administer morphine hypodermically and somewhat freely, to wash out the stomach with a stomach-tube, administer a strong purgative by the same method, and irrigate the bowel; eventually rapid delivery may or may not become necessary. One point of special importance to nurses was brought out in the discussion—namely, that the œdema of the lungs, in which some of these cases end, is not a natural complication, but the outcome of allowing drinks, medicines, and saliva to find their way into the lungs. The natural throat reflexes in an unconscious eclamptic patient are abolished, and everything placed in the mouth is much more likely to go down the trachea into the lungs than down the gullet into the stomach. The patient, therefore, should have her head turned on one side to allow saliva to escape, and the most extreme caution should be exercised in administering fluids. Everything, probably, should be given through a stomach-tube.

Paratyphoid Fever.

A case was published in the *Lancet* recently under the above title, and although there was nothing of special interest in its details, the circumstance serves to draw attention to the increasing use of this term, and of others of its kind. Of late years it has become the custom of certain speakers and writers to attach this qualifying particle, "para," on to almost any adjective indicative of a special disease such as typhoid, syphilitic, tuberculous. It is not easy to say what is the precise derivation of the word; presumably it is the Greek preposition παρὰ, one even more commonly employed by the modern than by the ancient Greeks, and bearing the meaning "alongside." Many people object altogether to the use of these terms on the ground that, as used, they really serve merely to cloak ignorance in the garb of exceptionally precise knowledge. It must be admitted, indeed, that those who are specially fond of them are not very unanimous as to the sense which they attach to them, and that the same term, "para," is sometimes made to mean identity without likeness, and at others likeness without identity. Of the latter, paratyphoid is an example. The fever is one which clinically resembles an attack of ordinary typhoid fever, but the intestinal lesions which habitually accompany the latter disease are either altogether lacking or abnormal in character, while the Widal reaction cannot be obtained with the patient's blood serum. Para-syphilitic, on the other hand, is an example of the converse use of the particle. Thus a syphilitic disease and a parasyphilitic disease are etiologically one and the same thing, and the "para" is merely an admission on the speaker's part that the causation which he infers is one which he cannot prove. For instance, certain nervous diseases, such as locomotor ataxy and general paralysis of the insane are believed by many to be purely idiopathic complaints. Others claim them as late manifestations of syphilis, and express that belief by speaking of them as parasyphilitic. In the use of these expressions there is a certain degree of convenience, and provided their provisionary nature is carefully borne in mind, there is little harm in their adoption.

Dangers of Eucalyptus.

Eucalyptus has of recent years become such a popular remedy for colds, and is taken in large unmeasured doses with a lump of sugar, that it is startling to learn from the *Lancet* of a case of acute poisoning resulting from its use. It has a depressing action on the spinal cord, which leads to feeble respiration, and death may occur from paralysis of the respiration. The official dose of eucalyptus oil is three minims, and this dose ought not to be exceeded.

ECLAMPSIA

DR. J. B. COOKE, in his excellent nurses' "Handbook of Obstetrics," reviewed recently in our columns, gives a much fuller account of eclampsia than is usual in English text-books, perhaps because it is an emergency less frequently encountered in England. He says that though the exact cause of eclampsia is still a problematic question, a sufficiently correct working theory is "that eclamptic convulsions are due to a storing up in the system of matter which should be eliminated either by the kidneys, the liver, or the digestive tract. It will be remembered that the mother has to eliminate not only her own waste products, but those of her infant as well, and that, at the same time, her organs of elimination are handicapped by pressure from the growing uterus, and by the other disturbances in the general working of the bodily functions that always accompany pregnancy. This pressure and the accompanying disorder of nutrition increase as pregnancy advances—so that the difficulties of elimination grow greater week by week." This theory gives the clue to the *preventive treatment*, which consists in carefully regulating the intake to the output, that is, by taking in only that quantity of food of which the waste can be eliminated without strain. Dr. Cooke says that a sudden extra excess of food when the eliminating organs are already working at high pressure, will sometimes serve to "break the camel's back," and produce an attack. The kidneys feel the strain very quickly, and if it is excessive, will indicate it by the presence of albumin in the urine. Dr. Cooke, therefore, considers it absolutely necessary that every pregnant woman should have her urine tested regularly—at least during the last three months—and that the presence of albumin should be considered a danger signal necessitating a revision of diet—including abstinence from highly nitrogenous food, such as red meat, and the ingestion of at least two quarts daily of pure water to "flush out" the system, and act as a diuretic, and increased attention to all the excretory organs. "*The premonitory symptoms*" would, of course, be those of albuminuria, including anæmia, frontal headache, œdema, singing in the ears, dizziness, disturbances of sight, such as double vision, and spots floating before the eyes, high-coloured and scanty urine, and small and rapid pulse; while Dr. Cooke especially draws the attention of his readers to one characteristic symptom of uræmia in pregnancy, viz.: "The occurrence of vomiting after the fifth month or after the early morning sickness has ceased." This should raise suspicion at once.

Miscarriage is sometimes nature's effort to relieve the condition—as the patient has then only her own waste products to excrete—but more frequently the characteristic convulsions occur. Dr. Cooke graphically says:—"The patient first complains of dizziness, and then everything grows black before her eyes. Her hands are clinched, with the thumbs drawn in; her head is drawn backward or to one side; her face is deadly pale; the corners of her mouth are drawn down, and the eyes, open but rolled upward, so that only the 'whites' are visible, give to the countenance a particularly ghastly appearance. Now the large vessels in the neck begin to pulsate violently, the face grows gradually more and more cyanotic until it becomes almost black, and the glottis closes, causing respiration to stop. In this condition the woman remains for from ten to twenty seconds, in a state of complete rigidity, after which, if death does not occur, her muscles gradually relax. Respiration now becomes rapid; she froths at the mouth and may expel some blood if she has bitten her tongue; her arms and legs begin to twitch, and soon her entire body is in a state of convulsion. After three or four minutes this gradually ceases, and the woman passes into a condition of coma, from which she emerges in a few minutes with no distinct recollection of what has taken place. In severe cases the coma may grow deeper and deeper until death occurs, or she may pass directly from one convulsion to another without regaining consciousness between the attacks." The trained nurse will have little difficulty in diagnosing the nature of the convulsion, as epileptic and hysterical fits are quite different in character and intensity. Should she be present at an attack, after sending for the nearest medical man, she should proceed as follows:—"Let the patient lie where she is, whether it be in bed or on the floor, only moving her enough to place her in a reasonably comfortable position; insist upon absolute quiet in the room, and the avoidance of all excitement; if chloroform is to be had, administer it as for a surgical operation, until the convulsion has ceased, and while the patient is under the influence of the anæsthetic, remove all her clothing, cutting the garments with scissors, and wrap her entire body (arms and legs separately) in a hot wet pack, and cover her with warm blankets; empty the bladder with the catheter, disturbing the patient as little as possible; as soon as she can swallow, give two drops of croton oil in one teaspoonful of sweet oil, if it can be obtained; whether the croton oil is given or not, make a saturated solution of Rochelle salt, and give a dessertspoonful every fifteen minutes until the bowels move freely. When the convulsion ceases, insist upon absolute quiet, and do not allow so much as a whisper in the room; disturb the patient as little as possible, and only for the necessary purposes mentioned above; in NO circumstances attempt to change her position, or put her in bed; KEEP THE CHLOROFORM CONSTANTLY AT HAND, AND BEGIN TO ADMINISTER IT THE MOMENT THE NEXT CONVULSION STARTS. If the child is born and is alive, tie and cut the cord, and remove it to another room; if it is dead, leave it alone, to avoid disturbing the patient, but in any case keep a hand on the fundus, UNDER THE HOT PACK, as a preventive against hæmorrhage. If there is bound to be a considerable delay in securing the attendance of a physician, get thirty grains of choral hydrate

and forty grains of sodium bromide, and give it by rectum. Beyond this—

Darken the room.

Maintain ABSOLUTE quiet.

Keep up the hot pack.

Do not disturb the patient in any circumstances.

Give chloroform whenever a convulsion occurs.

Secure medical aid as soon as possible.

WAIT till the physician arrives before doing anything else.

DO NOT LOSE YOUR HEAD."

Obstetric nurses, after reading the foregoing vivid account, will doubtless feel a fresh responsibility laid upon them, and when seeing a prospective patient during her pregnancy, will try to ascertain that her manner of life is such that so terrible a disaster may not be possible. Should it, however, occur, Dr. Cooke has given her such explicit directions that, though she may not have actually seen such a case during her training she will not be at a loss how to act.

NURSING OF CASES OF HYDATID CYST OF THE LUNG

IN certain parts of Greece primary hydatid cysts of the lung are of very frequent occurrence. They contain a colourless liquid, and are the bladder stage of an intestinal worm (*Tænia echinococcus*) found in the dog, the eggs of which commonly get into green vegetables, and from there are communicated to the human being.

In the hospital in which I was then working we had a run of six cases in as many weeks. Five of these were cases of primary cyst, and one secondary to a cyst which existed elsewhere.

One patient, who made a great impression on me, was brought in with a very high temperature, rising to 105°. His face was flushed and his breathing quick and painful; in fact, he had all the symptoms of pneumonia.

He did not cough incessantly but in paroxysms, and every now and again would bring up a little blood; moreover, he constantly complained of pains in his side and chest.

He was nursed as a pneumonia case, the treatment being tepid sponging twice a day if the temperature rose to 103°, and cotton-wool jackets—poultices being very rarely ordered by Greek doctors. Milk and beef-tea were given alternately every two hours. No medicine was given, and the bowels were kept open with soap and water enemata.

On the second day after admission, after a very restless and sleepless night, which was spent by the patient sitting upright with pillows to his back to enable him to breathe more easily, he coughed up a great quantity of pale yellow fluid, the cyst having burst. During the paroxysm of coughing, the cyst wall was coughed up into the trachea, the patient being almost suffocated. The cyst, however, was not brought up far enough to be seized by the forceps, but was sucked back into the lung, just in time to let the patient draw breath again before he was choked. Until an operation was performed the nurse on duty always had to keep long forceps in readiness to seize the cyst, or any particle of it, that might be coughed up, thereby preventing the patient from choking, should the membrane lodge in the trachea and the patient not have the strength to cough it up, or suck it back into the lung.

After the cyst ruptured the patient was still much distressed in his breathing, and seemed very ill indeed. A consultation was held and immediate operation decided upon.

Twice during the operation artificial respiration was necessary, the chloroform being taken very badly.

The incision was made on the right side, two pieces of rib were then resected, and eventually the sac of an enormous cyst was removed. This bag was greyish-white in colour, with a velvety appearance on the inner surface, caused by innumerable smaller cysts in the process of formation. After the operation the patient was very collapsed, and had to have the battery applied before he could be brought round from the anæsthetic.

Oxygen was administered two-hourly for the next twelve hours. The patient's shoulders were raised on pillows to enable him to breathe more easily, and plenty of hot-water bottles were placed down his thighs and to his feet.

He was fed frequently with small quantities of milk or chicken broth, and had hypodermic injections of brandy and strychnine alternately. The temperature dropped to subnormal after the operation, and never rose above 98° again. In forty-eight hours the patient was much better, and slept soundly on his back, breathing being normal and appetite returning.

From this time on the recovery was quick and uneventful, the patient looking well and putting on weight rapidly. Our triumph at such a happy termination of what was at one time considered an almost hopeless case was short-lived, as within six months the man was back again with the same thing, though not nearly so bad as the first time. The cyst was apparently much smaller, and was coughed up in fragments, after which the patient made a rapid recovery.

The frequency of recurrence makes these cases very unsatisfactory.

The nursing of them is very anxious work, as the danger of the patient's choking is great, and the nurse has to be constantly on the alert and ready to seize the membrane that may come up—not an easy thing to do at any time, especially if it should be the first case she has nursed, and quite impossible if she gets flustered or lets her patient see that she is nervous. Perfect coolness and self-possession are invaluable here, as they give the patient confidence and prevent him fighting against the forceps.

Regular feeding of patients is a most important item in the cure of these cases, as they become

very weak and prostrate, and it is most essential to keep their strength up. In several of our other cases the cysts were ruptured and were coughed up in pieces, after which the patients made rapid recoveries.

The only fatal termination we had was in the case of a hydatid cyst of the lung secondary to invasion from the liver. In this patient, rupture of the cyst resulted in gangrene of the lung. The man was admitted into hospital in a very advanced stage of the disease after the gangrene had set in, and he died shortly after admission.

A METHOD OF STERILISING SPONGES

DR. F. W. ANDREWES, whose recent article in our columns on the care of a nurse's health attracted so much attention, describes, in the *Lancet*, a method of sterilising sponges in a mixture of ammonium persulphate and hydrochloric acid. The credit of first devising, for practical use in surgery, a highly active combination of hydrochloric acid with an oxidising agent belongs to Krönig and Paul. The mixture which they recommended—a 1 per cent. solution of potassium permanganate to which 1 per cent. of strong HCl has been added—will kill anthrax spores in thirty seconds, and is certainly a skin disinfectant of the highest efficiency. Its staining properties are, however, very inconvenient, and it was in order to obviate this objection that Dr. Orton and Dr. Andrewes experimented with the persulphate of ammonium. This salt, $(NH_4)_2S_2O_8$, forms a colourless solution in water, and on adding to the solution strong hydrochloric acid the latter is oxidised, but much more slowly than by the permanganate. The exact mixture is made up as follows:—1½oz. of ammonium persulphate are dissolved in 33½oz. of pure distilled water, and two-fifths of an ounce of strong hydrochloric acid are then added. When first made up, the mixture has no very extraordinary germicidal powers, but in the course of a few days these become very pronounced, and when six days old it will kill anthrax spores in less than one minute. It retains its efficiency for many weeks. It is a perfectly clear, colourless solution, with no staining powers and no injurious action on the skin, though it may fix blood-stains in the crevices of the nails.

But whether or not the persulphate mixture proves a suitable skin disinfectant, Dr. Andrewes feels very sure after several trials that it is one of the best and speediest means for sterilising sponges which can be found. He has subjected it to tests far more severe than any which can occur in actual practice. He obtained from the operating theatre an old sponge which had been discarded because it had become discoloured. It was taken to the post-mortem room and soaked in blood and fæces; in this state it was left all night. Next morning he poured over it a quantity of sewage which had been standing in a bottle in the laboratory for a fortnight, and which was in a highly offensive condition. Finally he added an emulsion of hay bacillus spores, which are much more resistant than those of anthrax. He then cleansed the sponge mechanically under a hot-water tap, scrubbing it two or three times in succession with soap. After five minutes it appeared clean. He squeezed it out once or twice in the persulphate mixture, which had been made up four days previously, and then placed it in a large beaker of the mixture so that it was completely covered. After an hour he cut off two large pieces and placed them in sterile broth, using, of course, sterilised instruments for the purpose. He changed the broth an hour or two later to make sure of getting rid of all traces of the disinfectant, though this was hardly needful, as the organic matter of the broth rapidly decomposes the hypochlorous acid. After four days' incubation at blood heat both tubes remained absolutely sterile. More than this, he left the sponge soaking in the persulphate mixture for four days, and at the end of that period it came out beautifully bleached and looking like a new sponge. Nor were its texture and elasticity in any way impaired. This is only one out of several similar experiments which he has performed on sponges, and it will be admitted that it can hardly have been exceeded in severity.

Some of the methods in common use for the preparation of sponges for surgical purposes occupy several days. By this method they can be sterilised with certainty in an hour, whereby considerable economy in the stock of sponges required can be effected. Moreover, discoloured sponges can be bleached and renovated. For this latter purpose a sojourn of two or three days in the mixture is requisite. For mere sterilisation an hour is ample; the sponges should then be rinsed in sterile water and stored in carbolic solution. This is advisable, because the persulphate does exercise a certain injurious effect on their texture. If they are kept soaking in the mixture for three or four weeks they become softened and eventually disintegrate, hence the shorter the sojourn at each sterilisation the longer will be the life of the sponge.

Dr. Andrewes emphasizes two facts in connection with this method. First, the persulphate mixture should have been made up at least four days before use, but preferably not more than a month. Secondly, the method does not do away with the necessity for preliminary mechanical cleansing of the most thorough kind to get rid of all fibrin and other organic matter in the interstices of the sponge. The expense of the method is slight—a gallon of the persulphate mixture costs less than a shilling.

A WASTED LESSON

LADY (trying to be impressive on the wonders of Nature)—"Isn't it strange, Sally, that the very air we are breathing into our lungs should be a matter of life to us; that our very health is in proportion to the purity of the air we live in, and that fresh air is our very existence, as it were?"

Sally—"Yes, miss, it do seem rather silly like!"

CLINICAL CHARTS

CLINICAL charts to serve best the purpose for which they are made, which is, of course, to convey information in the clearest way to any doctor looking over them, should observe the following points:—

1. The dots should be large enough to stand out clearly, and should have a diameter several times greater than that of the lines joining them.

2. Dots of a certain coloured ink joined by lines of the same coloured ink should indicate the morning and evening temperature.

3. Dots of another coloured ink joined by lines of the same colour should mark the four-hourly temperature.

4. Distinct vertical lines should be drawn through the chart at midnight of each day.

5. If known, the day of the disease (not the number of days that the patient has been in the hospital), as well as the date, should be indicated between these vertical lines.

6. Special variations of temperature following some specific treatment, such as a tub bath or a cold pack, should be indicated by a bold dot joined to the main temperature line by dotted lines, and underneath this special dot or elevation should be written clearly what caused it.

7. Clear and easily understood pulse and respiration tracings should also be on the chart, as well as the temperature tracing. How fully or how frequently the dots indicative of the pulse and respiration records should be recorded will depend, of course, on their particular relative importance to the disease. In some cases the pulse is of great relative importance, the respiration not so important; in other diseases the reverse of this is true. The ideal chart, of course, is that which conveys to the physician quickly the information which is of greatest relative importance in the particular disease which he is treating.

8. Charts kept with pen and ink are much to be preferred to those kept with pencil.

9. Extreme accuracy and neatness is of paramount importance to prevent possible erroneous reading. In some charts the red and black dots are erroneously joined by their respective ink-lines.

The ideal bedside record is that which contains the proceedings of the day in the clearest and most easily distinguishable manner, having separate columns for the important things to be recorded, and which contains a sufficiently complete morning summary (preferably written in red ink). A transverse red ink-line should be drawn across the chart at midnight of each day. As a matter of course, the relative importance to be given to the different data recorded will depend on the case treated, and where such data are of specific importance in a given case they should be underlined so as to readily catch the physician's eye. Here, too, pen and ink writing is to be preferred to pencil writing.—*Nurses' Journal of the Pacific Coast.*

IRISH NURSES' ASSOCIATION

THE movement towards the reform, social and technical, of the nursing profession in Ireland is of comparatively recent date, and the leaders of it are still among us in the prime of their strength and vigour, still leading the onward march of progress. To the younger generation of nurses trained in our great English schools, the days of the "Gamp" period seem very far remote, but in Dublin, the city of many hospitals, which to-day takes its place in the forefront of certain branches of medical science, we learn from present matrons of the almost incredible state of things which existed when they first took office; and if we go further and visit some of the county hospitals planted in the outlying districts of the west and south—large buildings for the most part compared with English rural institutions, containing from forty to eighty beds, with a staff of two or three nurses—we find they still compare but unfavourably with the smallest of our cottage hospitals in England.

But these facts are no longer unknown or ignored by the heads of the training-schools in Dublin, and it was with the aim of bringing nurses together to discuss nursing matters and to keep up their interest in the technique of their profession that the "Irish Nurses' Association" was founded in 1900, under the name of "The Nurses' Club, Dublin." As a club, however, it maintained a precarious and unsettled existence for about two years, and at last, for want of suitable premises and lack of funds, it was temporarily closed. An opportunity for re-opening presented itself early in 1904, when Miss Margaret E. MacDonnell, who had already started a Nurses' Home and Bureau at 86 Lower Leeson-street, offered two of her rooms for the use of the Club. The offer was accepted, the matrons of the Dublin hospitals rallied in force, and, in order to extend the influence of the club to nurses working in all parts of the country, it was renamed the "Irish Nurses' Association," and Miss M. E. MacDonnell was appointed secretary.

Since then the Association has steadily developed, not only in the number of its members, but in the sphere and usefulness of its work. Besides the Association Rooms—of which the sitting-room is excellently fitted up with library, piano, bagatelle-board, current literature, and comfortable chairs, while the lecture-room opening out of it contains all the necessary appurtenances—there are bedrooms and cubicles in the same house available for country members staying in Dublin. The annual subscription is 5s. for certified members in town, and 2s. 6d. for country members and probationers—not a large sum, even for nurses. During the winter lectures are given once a month by members of the medical profession and others on subjects not necessarily confined to technical matters, but of general interest to nurses. The course announced for the autumn session is as follows:—Oct. 24th, Dr. Jellet on "Emergencies." Nov. 8th, Dr. Kirkpatrick on "The History of Vaccination" (illustrated with

limelight views). Dec. 2nd, Dr. Peacocke on "Some Therapeutic Measures and their Methods of Administration." As a rule there is a general attendance at each lecture of from 80 to 100 nurses. Many of these are still in training at the various institutions, for the matrons, who have the interest of the Association keenly at heart, spare no efforts to arrange the work of the hospitals under their charge so as to enable the nurses, in turn, to attend as regularly as possible. On the last Friday and Saturday in the month the reading-room is open till 10 p.m. for informal social meetings of members and friends.

In the summer the amusements committee arrange for a certain number of outings, and invitations are given by matrons or friends to tea, tennis, or croquet, or similar attractions, to which the nurses respond with the gaiety and capacity for enjoyment so characteristic of the Irish race.

In enlarging the scheme, the aim of the promoters of the Association was to bring it into touch with all classes and grades of nurses in the various branches of the profession—medical, surgical, mental, maternity, massage, and fever—whether engaged in hospital, private, or district nursing. Discussion is encouraged on all subjects connected with their work, and by the meeting together of representatives of the different training-schools, each no doubt possessing a certain individuality in its teaching, a broader view of the methods of treatment in vogue is necessarily obtained, together with the help gained by the younger members in personal discussion of their studies and difficulties with those of greater experience, without the formalities to be observed between a lecturer and pupils.

I have mentioned the large number of hospitals in Dublin (it is actually, including private homes and institutions, about twenty-nine), but, compared with London, Edinburgh, Liverpool, and other large towns in England, they are all small, with the exception of the "Mater" and "Steevens," the majority of them containing from 60 to 140 beds. This fact tends to bring about a closer relationship between the matrons and nurses, and helps to lessen the gulf of officialism which so often puts a measure of constraint upon social intercourse in our own nursing circles.

The "State Registration of Nurses" is a subject to which the attention of every member is called, and the committee loses no opportunity of pointing out the grave responsibility of each individual nurse, and the necessity of "combining together to appoint representatives on the Central Board to guard their interests and to keep them informed how those interests may be affected by legislation." The Association endeavours to keep in close touch with all movements in London connected with registration, and Miss Kelly, the vice-president (lady superintendent of Dr. Steevens' Hospital), opened the present session on the 4th inst. with a sketch of the progress of the movement during the past year.

In all pioneer work there are difficulties to be met and overcome, and in Ireland these are, perhaps, intensified by the difference in religion. How impossible it is to fix an absolute standard of efficiency in nursing will be easily seen when it is remembered that some of the largest hospitals are under the management of nuns, who, experienced and excellent nurses though they are, seldom undergo examinations, and hold no certificates. Yet those who know Ireland and the Irish character best would hardly desire to see these unselfish, devoted women removed from a position which they occupied in various parts of the world long before Miss Nightingale inaugurated the modern training of nurses, and in which they have made unsparing efforts to adapt themselves to the increasing demands of medical science. In some places, as in Wexford, they are undergoing regular training and taking certificates. Unfortunately, the costume of religious sisters does not conduce to strict asepsis, and some modifications will probably be found necessary.

But, putting aside the initial difficulties connected with training in these hospitals, there is in the Irish nursing system a certain centralisation, a unanimity of purpose between the most enlightened superintendent of nurses in Dublin and the untrained matron of a country workhouse infirmary. It is this spirit the Irish Nurses' Association does all it can to foster. Dublin is the Alma Mater of nurses all over Ireland, and it is a curious fact that practically none of the smaller towns and villages have any private nursing institutions of their own; each telegraphs to Dublin, Cork, or Belfast when a nurse is required, either for a private case or for a temporary increase of staff in the hospital. The Union Infirmaries are likewise kept in touch with the Centre, the Boards of Guardians obtaining nurses from the Dublin hospitals to take holiday duty during the absence of their own nurses. It is through such means of communication as these that the Association hopes to reach those fellow-members of the same profession who are working—practically alone—in outlying districts, without the stimulus of example and competition, far removed from the daily intercourse with modern thought and discovery, and where the "lack of funds"—that monotonous cry heard throughout the length and breadth of Ireland—is so apparent that one wonders hopelessly what would become of the hospitals and infirmaries if it were not for the voluntary services of these sisters of charity. But Irish nurses themselves are surely the best persons to judge of their own needs, and the formation of an Association for mutual intercourse and development is a sign of progress and self-reliance. Whatever the difficulties which may await it in the future, the names of some of those in the van of the movement are its own guarantee against failure.

Ida March.

NURSING IN SCOTLAND

II.—The Royal Scottish Nursing Institution.

By Sarah A. Tooley

(Author of "The Life of Florence Nightingale," &c.).

THE Royal Scottish Nursing Institution is the largest and oldest of the kind in Edinburgh, and was, indeed, the pioneer of such associations in Scotland. It was started in 1872, under the patronage of the Duke of Buccleuch, with four nurses, and now has 150 on the staff, including fifteen probationers, and has further added to its prestige and usefulness by the opening, last year, of an admirably equipped surgical and medical nursing-home.

The success of the Institution was due to the untiring energy of Miss Dundas, the hon. secretary, working with Lady Warrender, the president. Miss Harland, who was appointed matron in 1875, devoted herself assiduously to the work for nineteen years, and her name is much honoured in the profession. She was succeeded by Miss Grant, who was in turn followed by Miss King, the present matron, who has held the post for eight years. The Duchess of Edinburgh became patroness in 1877, and the Institution, by permission of Queen Victoria, was designated "Royal." The Duchesses of Buccleuch and Northumberland, together with a long list of noble and distinguished ladies, take an active interest in the association, and it has a deeply honoured president in Miss Dundas, who, on the death of Lady Warrender in 1875, became president, but still continued her work as hon. secretary. It is entirely owing to her energy and talent for organisation, aided by an influential committee of ladies, that the success of the work has been so marked. The establishment of the nursing home forms the coping stone to her life's work. Miss Dundas is now, we regret to say, in feeble health, and unable to take an active part in management, though still remaining in the office of president so long associated with her honoured name. The duties of hon. secretary are now most ably performed by Mrs. Kirke.

MISS DUNDAS, PRESIDENT.

MISS KING, R.R.C., MATRON ROYAL SCOTTISH NURSING INSTITUTION.

The headquarters are at 69 Queen Street, one of the best parts of the City, and in the course of a conversation there with the matron, I learned something of the distinctive features of the Institution. Miss King has the dignity and repose of manner, and air of order and discipline which usually distinguishes a nurse who has been associated with the service. For ten years Miss King was an Army Sister, and went through two campaigns in Egypt. She retains a great liking for soldier patients, whom she found most chivalrous and amenable in every way. Miss King's services were recognised by the bestowal of the Royal Red Cross, the Egyptian War medal, and the Khedive's Star in bronze.

The nurses of the "Royal Scottish" have a three years' training at one of the large hospitals in England and Scotland. They receive a salary of from £30 to £40 per year. The Institution is the only nurses' home in Edinburgh which is not run on co-operative lines. The nurses at least have the advantage of an assured income, and suffer no loss when "business is slack," while their "co-operative" sisters take rise or fall as it comes. One admirable feature of the "Royal Scottish" is the nurses' pension fund, which was started soon after the establishment of the home. A nurse is entitled to £15 a year after fifteen years' service, £20 after twenty years, and £25

after twenty-five years' service, which is the limit. Only old members now benefit by the pension fund, as five or six years ago a regulation was made that a nurse might go on the pension fund or take a bonus, and the younger nurses all choose the bonus. This is paid at the end of each year, and varies with the profits, which are counted according to the number of weeks the nurse works. The highest bonus has been about £12. Miss King considered that the old pension scheme was the better in the long run, but the younger nurses felt that fifteen years was a long time to look forward, and so preferred the "bird in the hand" in the shape of a yearly bonus. There is no special age for retirement, but the pension nurses who desire to do so may take their pension; they are, however, prohibited from nursing within a ten-mile radius of the home. A great many of the nurses also belong to the Royal National Pension Fund.

In connection with the Institution is a Home in Salisbury Road for disinfecting nurses from fever cases, so that they are not brought into contact with those engaged in medical, surgical, and maternity cases in the central home.

I was particularly interested in visiting the latest development of the "Royal Scottish," which is the Surgical and Medical Nursing Home, at 20 Torphichen Street—a quiet road not far from Prince's Street. It was at the request of several medical men that the committee of the Institution considered, in the spring of 1904, the possibility of opening a nursing home to provide for the needs of patients who were unable to bear the cost of the expensive homes already existing, and to ensure skilled nursing, home comforts, and refined surroundings to the sufferers. Two houses were purchased and thrown into one and fitted up with the latest modern requirement, including a fine operating theatre. It was ready for occupation in October, but the formal opening did not take place until December 5, 1904, when Princess Louise, Duchess of Argyll, who had graciously acceded to the request of the committee that she would become patroness of the Nursing Home, performed the ceremony. With her usual interest in nursing institutions, the Princess went over the Home from top to bottom, and expressed warm approval of its arrangements.

ROYAL SCOTTISH NURSING HOME.—OPERATING THEATRE.

The success of the venture owes much to the hon. secretary, Mrs. Kirke, who, with her husband, Colonel Kirke, late C.R.E., Sc. Dist., has worked indefatigably to establish the Home on a sound commercial footing. The aim is to make it of benefit to gentlepeople who are not prepared to pay extravagant fees. The committee does not seek to make a profit, and will be satisfied if it pays expenses. The charges are from £4 4s. weekly, according to rooms and attendance required, but terms are reduced in

special cases. The Home will prove a boon, not only to the citizens, but to patients who come from the provinces to Edinburgh attracted by the fame of its doctors.

The Home is presided over by a matron, Miss Louisa Burton, who is a thoroughly skilled medical and surgical nurse, and was formerly in charge of Professor Clark's surgical ward, Glasgow Royal Infirmary. All the nurses are from the "Royal Scottish," and only those who are fully trained are employed, so that patients get the most reliable and skilled attention.

The chief feature of the Home is the splendidly equipped operating theatre. It has a north light, the walls are white enamel, the floor is Val de Travers asphalte, and it is, of course, electrically lighted. The water is supplied to the basins by foot pressure instead of taps, and the basins are covered with plate glass, and are germ-proof. The sterliser for hot water has a tap of cold water running through to preserve an even temperature. The trolley for conveying patients to the operating theatre is exactly the same height as the table, which adds greatly to the ease of placing the patient.

The bedrooms are all bright, light, and airy, and as the walls are painted, can be kept scrupulously clean. Each patient has a separate bedroom. The rooms to the front are white, and those to the back green. There is an electric lamp and electric bell beside each bed, and a central light in the ceiling also. I was particularly struck by the pretty chintz covers on the bedroom arm-chairs, and surprised to hear that they were made of three widths of material simply sewn together, which, by dexterous arrangement of tucking in and folding over at the right places, become perfectly-fitting covers. This ingenious device, which is applied to the couches also, emanated from the clever head of Mrs. Kirke, as, indeed, has much else in the furnishing and arrangement of the rooms. She designed the bed-tables, which can be used flat for meals and raised up for a reading-desk as required. There is a nurse's room on each floor, and a night nurse is on duty downstairs ready to answer a summons at any moment. There is a liberal supply of bathrooms, and a ward kitchen on the second floor. The kitchens and larders in the basement have washable walls. There is a special washhouse for surgical dressings. The room set apart for medicines, bronchitis kettles, and similar appliances, is called the "boudoir," a name possibly selected to give romantic distinction to its commonplace use. It but remains to be said that the *cuisine* of the Home is excellent, and only the best food is provided.

Some years ago the "Royal Scottish" started at Carlisle, and moved, in 1895, to Dumfries—that interesting border town sacred to a thousand memories of Bruce, Burns, Scott, and Carlyle—a branch home, which has become a useful institution in the place, and now keeps about twenty nurses constantly employed. They have a nicely appointed and pleasantly situated home in Castle Street, which is presided over by the matron, Miss Sutherland. The nurses are to be envied the delightful situation of the home, which from its front windows commands the long sweep of Buccleuch Street onwards to the Maxwelltown side of the Nith. Over the way is the modern U.P. church, standing on the site of the old "Burgher Meeting-house," where the Rev. Walter Dunlop, called by the irreverent "Watty Dunlop," demonstrated pretty forcibly that humour was not incompatible with the Westminster Catechism. Readers of Dean Ramsay's delightful recollections will be familiar with the sayings and doings of the famous "Watty." Had there been a nurses' home in his day, he would not have failed to honour their board if his discriminating nose had scented newly baked scones or a savoury haggis as he passed by.

THE WIDER WORLD OF WOMEN

A CONFERENCE, sufficiently representative of all the educational forces in the Midlands to be remarkable, was held at Birmingham on the 14th inst. It is becoming increasingly popular with public leaders and teachers to urge upon the working classes the duty of taking into their own hands the responsible guidance of the social conditions which touch their own interests.

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This was the theme of most of the speakers at the conference, and is largely the object of the Workers' Education Association, under whose auspices it was convened. Sir Oliver Lodge, Principal of Birmingham University, who presided, urged the better utilisation of leisure hours in the study of citizenship.

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Only one woman took part in the discussion, although a fair number of women were amongst the audience. This speaker, whose name did not transpire, said the obviously necessary word for the inclusion of women in any scheme for the betterment of the worker's opportunities for self-improvement. Without any real intention to disregard women, she said, the previous speakers had all spoken as though the British Empire was populated only with men and boys. The criticism was justified, but Sir Oliver Lodge hastened to explain that the Association made no distinction of sex, and hoped to do as much for working women as for men. The lady speaker then pointed out that the chief drawback to the pursuit of knowledge for its own sake was, with the industrial workers, both men and women, the insecurity of their own hearthstone, and the terror of unemployment. These were a continual drag upon intelligence.

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There seems every reason to hope that this new association will do much to increase both

the desire and the opportunities for higher education amongst the workers.

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A French lady, Madame Pelletier d'Escamps, has just been created Chevalier du Mérite Agricole by the Minister of Agriculture in recognition of the many valuable publications she has contributed on that subject. Several women in France have received decorations of one kind or another, but Mme. d'Escamps is the first to receive the knighthood of agriculture, if it may be so translated.

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In connection with the efforts to improve sanitary conditions and prevent infant mortality, Dr. Catherine Boyd has been appointed lady health visitor at Huddersfield, and Mrs. Blanche Gardiner, B.A., sanitary inspector for St. Pancras.

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All honour to the woman who faces danger and even disgust in order to show the way of reform. A little personal experience has more effect than continuous preaching, and the courage of Mrs. Higgs in spending five days and nights as a tramp led to the conference held recently at Manchester under the presidency of the Lord Mayor to discuss lodging-house accommodation for women. The ordinary lodging-house was described as a sink of iniquity with sanitary conditions that could not be discussed at a public meeting. In Glasgow a Corporation House for women contains 248 beds, and, in spite of the low charges, pays over 5 per cent.

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A suggestion was made by Mr. C. J. Bishenden, in his lecture on "Bread and Bread-making" to the British Bread Reform, that women should be employed in public bakeries. Almost every kind of men's work had been invaded by women, but he could not understand why they avoided bread and pastry-making, which was their special work in the home and for which they were so suited. This suggestion may come as a new idea to many, but, according to the returns of the Registrar-General, 46,769 women are already employed as bakers. In fact, in work which was previously considered men's own special field, it is only exceeded by two cases, viz., women employed as tailors, 117,640, and women employed as clerks, 72,048. Few kinds of women's work seem to have tempted the invasion of men; still, the man-cook and the man-dressmaker or man-milliner are with us in large numbers. There is much that will come as a surprise in this list of women's occupations. There is one woman dock-labourer, but there are 362 bargemen, 420 boatmen, and 166 fishermen. In the building trades there are four bricklayers, fifty-three carpenters, seven gas-fitters, forty-two masons, 115 plumbers, three plasterers, and three slaters. There are also stove-makers and chimney-sweepers, all helping to prove that the making and keeping up of the "home" is interpreted by women in more ways than one.

NATIONAL UNION OF WOMEN WORKERS

The sixteenth annual conference of the National Union of Women Workers opened at Birmingham on Tuesday morning, when the delegates were welcomed by the Lady Mayoress of the city (Mrs. Beale).

Miss Clifford's presidential address was optimistically bright concerning the present attitude of philanthropic workers towards social problems. "If the difficulties of the present are more gigantic they are less impenetrable"—by reason of the corporate spirit which she felt to be happily growing amongst all classes.

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This year's conference has devoted itself almost exclusively to the needs of the children, and the chief interest of Tuesday's proceedings centred round descriptive accounts of vacation schools and play centres. A paper on "Vacation Schools," jointly contributed by Mrs. Humphrey Ward and her daughter, Miss Dorothy Ward—and read by the latter—described the work carried on in connection with the Passmore Edwards Settlement. These schools provide recreative teaching and training during summer vacation for an average of 820 slum children. A paper on "Play Centres" was read by Mrs. Kimmins, and subsequent speakers disclosed the really enormous amount of interesting work done by the Children's Country Holiday Fund, the Recreative Evening Schools Association, the Happy Evenings Association, and other bodies. In the afternoon the National Council received from its various sub-committees and branches reports of the work done during the past year.

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Both the Legislative Committee and the Industrial Committee have interested themselves in placing suitable women on to committees appointed to administer the Midwives Act, and have urged the establishment of training centres to secure an additional supply of midwives.

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On Wednesday Miss C. J. Wood, on behalf of the Women's Local Government Society, moved the following resolution:—

"That this Council desires to bring before the Local Government Board the urgency of the need for the appointment of Women Inspectors for the sick wards and infirmaries of Poor Law Unions, especially outside London; and the advisability of further extending official inspection by women to all residential institutions under Poor Law Guardians, and to those to which guardians send inmates; and also to infants farmed out under conditions regulated by the Infant Life Protection Act."

In her speech she drew attention to the great developments recently made in Poor Law Nursing, and pointed out that the many trained nurses employed in workhouse infirmaries had no official women to voice their opinion or represent them at headquarters, no trained and broad-minded representative with whom they might confer as to their duties and responsibilities, or from whom they might seek impartial advice in the frequent sad disagreements among the staff. After pointing out that many Poor Law questions affecting women and children can only properly be treated by a woman, and that even in other questions a woman's knowledge and sympathy would be of the utmost importance, Miss Wood urged the appointment of women inspectors—a clean slate and a fresh start.

THE TRAINING OF PROBATIONERS IN SMALL WORKHOUSES

THE training of young women in the small workhouses is handled in divers manners by the various boards. At the Wolstanton and Burslem Board, which controls a small workhouse registered for 479 inmates, this question came up on the resignation of a newly-appointed probationer. One of the guardians remarked that it savoured of deception offering a training in sick nursing when they were unable to give a qualifying course. We quite agree with this guardian, without using so harsh a term; a training in sick nursing can only be given where the amount of clinical material in the wards offers ample opportunity for the study of diseases in their various phases, and most of such diseases do not come into the wards of a small workhouse. The complete and satisfactory training of probationers under the Poor Law must be carried out on a different system altogether. If large and small infirmaries could be amalgamated for the purpose of training, and the probationers passed from large to small, and small to large, the probationer would get an extended view of her duties, and become familiar with some of the difficulties which confront the nurse of the small infirmary during the period of her pupilage. To invite young women to train in a small infirmary is not right; the document they receive at the end of the time is not worth the paper it is written on, except as a testimony to character; but it is not every candidate who has the knowledge that would enable her to judge of the value of the training.

The alternative proposal made at the meeting of this Board to appoint "assistant nurses" does not meet the difficulty, for there are no "assistant nurses," and so we are free to confess that the whole question of nursing in small workhouses bristles with difficulties, which call for conjoint action among the various unions

The same question was treated by the Hon. Mrs. Cropper at the recent annual meeting of the North Midland District Poor Law Conference. She thought that if the orders and intentions of the Local Government Board were really carried out, it would not be possible to nurse adequately anywhere without three paid officers as a minimum; that would be enough to nurse by day and by night, and to ensure that the same woman did not always have night work, and that the day nurse should have proper rest and outdoor exercise. If this were so, it meant either the death-knell of the very small workhouses, or else unjustifiable extravagance in keeping them up; for how could it be right to have three officers, if there were only half a dozen helpless cases? She thought that the time had come to use the smallest workhouses as children's homes or epileptic homes, and to have the sick and chronic cases in well-staffed infirmaries. It would be a long while, however, before such a strong measure was taken as suppressing little workhouses, and meanwhile it was to be hoped that the splendid large infirmaries might be willing to receive the acute cases from any neighbouring small Unions where there was no proper nursing staff. In conclusion, she emphasised the need for more nurses, the inefficiency of very small workhouses, the necessity for more attention to the needs of both nurses and patients, and the need for the making of rules and providing for more help to prevent friction.

THE INCORPORATED SOCIETY OF TRAINED MASSEUSES

A SPECIAL interest naturally attaches to the first examination held by the Incorporated Society of Trained Masseuses, at the request of the War Office authorities, for the nursing orderlies of the Royal Army Medical Corps, which took place at Netley Hospital quite recently. Seventeen candidates passed, and eight of these obtained 75 per cent. of marks, the examiners reporting very favourably of the men's proficiency. It is more than satisfactory to know that the nursing orderlies are now getting not only a thorough nursing training under the Army Sisters, but that instruction in massage, so important a branch of treatment, forms part of their curriculum, and that their knowledge is tested by means of an independent examination. It will be remembered that the Society of Trained Masseuses, not having contemplated such an extension of their original objects, have had to arrange for an alteration in their Articles of Association to enable them to hold these examinations, which will in future take place twice a year at the Millbank Hospital. We congratulate the Society upon this important and most interesting development of their work, and the War Office upon the adoption of measures which must tend to the increased efficiency of the R.A.M.C. In yet another direction, too, is the Society's work increasing. At the request of the Irish Matrons' Association it has been arranged to hold an examination in Dublin, in February, 1906, for the convenience of Irish candidates who may find it difficult to come to London for the ordinary examination. Intending candidates should write to the hon. sec. of the Matrons' Association, 86 Lower Leeson-street, Dublin, for particulars.

Massage is, fortunately for the numbers who practise it, a form of treatment which shows no sign of diminishing in favour with the medical profession, or one would wonder how the hundreds who qualify for such work each year are going to make a living.

The next examination of the Society will be held in London on the following dates:—Written Papers, Thursday, January 25th; Anatomy and Practical, Friday and Saturday, February 9th and 10th. Full particulars from the secretary, at the office of the Society, 12 Buckingham-street, Strand, W.C.

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Do not delay therefore to sign the Coupon each week as soon as you get your "NURSING TIMES."

ON OLD SONGS

By Mary Hargrave.

It is really instructive as well as amusing (as the advertisements put it) to glance over the titles of old songs and compare them with those of the present day. Nothing shows more clearly the change in the atmosphere of woman's life and thought which has gradually been accomplished during the last sixty or seventy years. For songs are chiefly sung in drawing-rooms, and the drawing-room is essentially woman's province, a feminine institution. The Drawing-room echoes the sentiment of the hour; in fact, it echoes, however faintly, the great world movements, the storm which heaves the bosom of the ocean dying away in the teacups of Mayfair and other lesser fairs.

We know how the romantic period of Byron paled and dwindled into sickly sentiment, and how the heavy calm of early Victorianism settled upon art, both in painting and house-decoration. The ideal seems to have been vapid sentiment. Consumption was the fashion of dying, and a gentle melancholy based on anæmia the fashion of living. People "warbled" to gentle accompaniments, and the titles of songs in the 'thirties and 'forties are quite in touch with the style of the "Keepsakes" and "Beauty Books."

"Ah! Deem Me Not False!" "Dear Smiling Woman's Eye," "The Sad and Lonely Bird of Night," "The Corsair's Farewell to His Bride," "And Wilt Thou Weep When I Am Low?" "The Young Bride's Tomb," "They Chide Me If I Breathe Her Name," "We Met In A Crowd And I Thought He Would Shun Me," and so on.

"The Blighted Heart: a Pathetic Air in the key of D Flat," is favourably criticised by the then "Musical World." It says: "A gentle and becoming sentiment pervades the verses of this ballad. We have been informed that Mr. Hargreaves, the composer, is an artist by profession. Not only is the melody sweet and appropriate, but the harmonies are correct." It must have been encouraging to the artist by profession to learn that his harmonies were correct.

Somehow, a breath of fresh air began to play about the sickly sentiment of blighted hearts. People grew tired of posing as victims, and a spirit of raillery crept in. On the continent, Offenbach made fun of gods, goddesses, and princelings; the sentimental world laughed and recovered its balance. In English homes people read Miss Broughton, who dared to make her heroines natural and healthy instead of anæmic *poseuses*. True, her heroines usually ended unhappily, but as long as they lived they were jolly everyday girls. Claribel and Virginia Gabriel wailed more mundanely, perhaps, in consequence. Still, hearts were made to be broken, and maidens reiterated in every possible style of song that "it WAS a dream!"

Somehow the bluff succeeded. Probably the consumptives had died off or recovered in all-wool underclothing. At any rate, the vulgar sailor arrived with his Nancies and Pollies. Yo-ho! my hearties, and other "properties" of a bold, brave fellow, all heart. True lovers no longer made for the tomb, but manifested a strong will-to-live. They are "true till death," and no man can say more; but they also look forward to happy meetings this side the grave. Love is usually sung in waltz-time with languorous melody, sad and slow, but not hopeless.

The pathetic note was now struck by the woes of little children, who die and go to heaven to the accompaniment of what has been irreverently termed "celestial triplets." Sympathy became further extended to beggars on the King's highway, to jesters, divers, gipsies, &c. Then began the reign of the enigmatic title: "Why?" "Because," "Nevertheless," "After," "Perhaps," and so on, which are ever with us. So, of course, are the perennial lullabies and love-songs. But the spirit of the latter has changed since the "Keepsake" period. Our girls no longer "touch the instrument," and warble such lyrics as—

> "How flutters my heart when I gaze on his brow
> Or feel the dear glance of his eye soft and blue"

which expressed the emotions of our amiable grandmammas. Times have indeed changed, and the "Chansons Crinolines" of Yvette Guilbert are now received as literary and musical curiosities.

POSTAGE STAMPS

By E. Frances.

Yesterday, on the way to pay the evening visits to my patients, I thought I would call at the General Post Office and buy a few stamps.

We have a large Post Office here, and it is usually very crowded, but at five o'clock, when I entered, it was practically empty of customers. There were a number of clerks behind the shining mahogany counters, but they were all so deeply engrossed in their several occupations that they did not look up. I advanced to the division over which was inscribed "Postage Stamps." The clerk there had a wild and distressed countenance; his hair, which he had evidently been tearing, stood up on end like the quills of a porcupine. His pale, drawn face was bent over a huge sheet of paper, on which were printed thousands of intricate-looking figures. I gazed at him timidly for some moments, hesitating to interrupt his calculations, looking round, meanwhile, to see if I could see another clerk who was less hopelessly entangled in figures, and who could spare a moment or two to bestow a few stamps upon me. But no; they were all just as deeply engaged as my man.

I coughed, gently at first, and then as loudly as I could, but I could not attract the attention of any of them for a single moment. I pulled out my purse and tried dropping the contents on the counter, but that had no effect. Then I rapped loudly with coppers, but I think that helped the clerk in his additions, for he looked

a trifle less worried. I had a long evening's work before me, and, peaceful as I found the atmosphere of the Post Office, I felt I must not linger there all night. So, taking my courage in both hands, at last I said, in my loudest tones, calculated to awake the dead:—

"Am I at the wrong counter?" To that he replied, dreamily, without looking up:—

"'Tend to you in one moment—very busy."

"I want twelve penny stamps," I almost shouted. He opened a drawer with one hand, still without looking up, and, tearing off six, handed them to me.

"I said twelve," I shrieked, fearing he would relapse once more.

"Why didn't you say so at first?" he muttered.

When I had got my twelve stamps, and he was once more deep in his figures, I said, firmly and loudly, "I will take another, please." He muttered some words to himself, which, if I had heard them distinctly, would, I am sure, have horrified me, and then I hurried off to my work.

As I climbed the weary hills of my district between the cases, I thought of that poor clerk; in fact, I could not get him off my mind. My mission in life is, presumably, to tend the sick, and his, evidently, to sell stamps all day and every day, until he grows too old for that gentle occupation. Of the two, I preferred my own work; it must be boring to the last degree to deal out stamps to impatient people all day long, and receive their dirty pennies, or worn-out looking sixpences in return. I thought of every possible way in which to alleviate the sufferings of that poor Post Office young man. I imagined him tossing on his uneasy couch, even in his dreams trying to add up rows upon rows of dancing figures, being interrupted every moment by stupid people clamouring for stamps. I said to myself, We have soup kitchens for the poor, pudding schemes and blanket clubs! Can nothing be done to allay the terrible distress and boredom of the Post Office clerks? And then, suddenly, like an inspiration, I saw a way. Why should not the Post Office authorities invest in penny-in-the-slot machines? Put in a penny, and a stamp would come. Several machines could be in use, some for halfpenny, some for sixpenny, and some for twopence halfpenny stamps, and so on. What a saving of labour to the clerks, and what a relief to the public! No waiting whilst the machine had a little chat with his neighbour, or did columns of compound addition! In fact, I think it would be a boon to the public and Post Office people alike, so I venture to send the suggestion to The Nursing Times, hoping the Postmaster-General will chance to see it.

A Massage Department in connection with the Actino-Therapeutic and Electrical Department has been opened at Guy's Hospital, in which massage treatment and exercises are given daily. The number of cases under treatment are between fifty and sixty. The autumn classes have begun, medical lectures and classes for probationers, and also massage classes.

A WEEK IN BRUGES THROUGH THE "NURSING TIMES"

By Louise Marshall.

In the spring of this year I read an article in the Nursing Times describing the Convent de la Retraite du Sacré Cœur, Cour du Prince, Bruges, and telling how the Sisters during the months of July, August, and September receive trained nurses and teachers at an extremely low rate, in order that they may have the opportunity of enjoying a holiday on the Continent.

I told one of my friends, and we made up our minds to go to the Convent this summer, and about three weeks or a month before we wanted to go, we wrote to ask if we could have a double-bedded room. We wrote in French, but as the reply came in English, we used our mother tongue for the rest of our correspondence.

Finding we could have a room, we then wrote to the General Steam Navigation Co.'s Office, Tower Wharf, London, for tickets for the boat sailing on the date for which we had engaged our room. A first-class return ticket London to Ostend costs 10s. 6d.

THE CONVENT OF THE SACRED HEART, BRUGES.

The boat sailed from Tower Wharf at 10 a.m., and as we live in the Midlands we went up to London the night before. The next morning we drove to the wharf, and as it was low tide the steamer was anchored in the middle of the river, and the passengers had to be taken to it in a tug. This took a long time, as there were a great many passengers, and, in consequence, we were half an hour late in starting.

The boat was not large, the ladies' cabin extremely small, and my friend, who is a bad sailor, had to secure a place where she could lie down long before we had gone far down the river. The rest of us secured camp-stools and sat on the deck. Fortunately the day was warm, and the sea calm, but the tide was against us, and we did not reach Ostend till 9 p.m. instead of 7.30, as we had expected.

The Convent gates are closed at 9.15, and we knew that the last train from Ostend to Bruges which would get us there before closing time was at 8.25 p.m. This train, of course, had gone. Fortunately we knew of a nice little hotel in Bruges, the "Halles de Paris," Petit Rue St. Armand, to which we decided to go.

We did not reach the hotel till 11.45 p.m., rather tired, of course, with so long a day. The hotel is very small but exceedingly clean and comfortable, and for a double-bedded room and our breakfast we were only charged five francs. It was delightful to wake up next morning to the sound of the bells in the famous belfry, and to see the red roofs of the quaint old houses. Directly we had breakfasted, we made our way to the Convent, and as we turned into the Cour du Prince and saw the Convent, we were filled with delight to think we were going to stay in such a beautiful place. It is the old palace of the Counts of Flanders, and has been partly re-built for the Sisters of the Sacré Cœur.

A pleasant little French sister showed us to our room, pointing out the dining-room on the way. We were very pleased with our bed-sitting-room, which had two large windows, from which we had a view extending over nearly half the town. A card hangs in each room with the times of meals, posts, &c. Breakfast, 7.45; lunch, 11.45; tea, 5; dinner, 6.30. Visitors who are making excursions which necessitate an early start can have their meals earlier by asking the night before. The fare, though simple, is exceedingly nice. There are no maids to wait, and each visitor changes her own plate, which struck us as odd at first, but we soon got accustomed to it.

Visitors are received from 25 francs a week, according to the size of their rooms, and three at least of the Sisters are English, so that those whose French is not fluent have no difficulty in asking for what they want.

Our first act was to buy two season tickets available for five days on the Belgian State Railway. To get these tickets it is necessary to bring an unmounted photograph of oneself, which is fixed on to the ticket, and once having obtained the ticket one can travel almost anywhere in Belgium. The cost is 20 francs second-class, or 11 francs third-class; but as some of the trains have no third-class carriages it is best to take second-class tickets. There is also a deposit of 5 francs at the time of taking out the ticket, which is returned when it is given up.

In our five days we saw Brussels, Antwerp, Ghent, and Ostend, and we could have done another day's travelling had we wished.

Brussels is a most beautiful city and full of interest. Antwerp is exceedingly interesting and very quaint, and from the promenade one can see the big liners coming in or getting ready to sail for all parts of the world. Ghent, although a small town, has a great deal to be seen, and its Cathedral contains some wonderful pictures, also four immense bronze candlesticks, which once stood in St. Paul's Cathedral, London, and which, it is supposed, were sold by Cromwell.

One day we took a trip in a little steamer on the canal into Holland, to Sluis. Canals also run from Bruges to Ostend and Ghent; in fact, they seem to go in every direction. Bruges itself is full of interest. From the belfry a magnificent view can be obtained, while the streets, with the numerous canals running alongside, remind one at times of Venice. Some of the carts are drawn by oxen, and a great many by dogs, and as we both had cameras we succeeded in getting some very pretty "snaps."

It is quite possible to have a week in Bruges for £3, which includes travelling expenses, though we strongly urge those who can afford to do it, to travel via Ostend and Dover (£1 17s. 3d.), a much shorter sea route, by which one is quite certain of reaching the Convent before 9.15 p.m.

Board at Convent, 28 francs; State Railway ticket, 20 francs; incidental expenses, 20 francs; total, 68 francs £2 10s.; return ticket per the Steam Navigation Company, 10s. 6d.; a total of £3 0s. 6d.

A CYCLING HOLIDAY

THOSE who have only cycled for comparatively short distances can have but little idea of the pleasure to be derived from longer runs. Many nurses may be glad to know how easy it is to ride even long distances, and for those who possess a cycle and yet have home friends they wish to visit, a novel way of spending a holiday would be to ride from their place of work to the place they elected to stay at.

One sees the country to so much better advantage and one can visit many places of interest at very little expense. A friend and I made a delightful trip from Cornwall to Birmingham, 250 miles, this summer. We went through Tavistock, across Dartmoor by way of Princetown, Two Bridges, Postbridge, and Moretonhampstead, on to Exeter, then through Taunton, Glastonbury, Wells, Bath, Gloucester, Tewkesbury, Worcester, Droitwich, Bromsgrove, and so to Birmingham.

We took five days to do it in, spending four nights on the way. We saw over five cathedrals, besides Tewkesbury Abbey and the ruins of Glastonbury Abbey, and also a good deal of the scenery of six counties, each with an individuality of its own. We had glorious views of the Cornish mountains, the rugged tors of Dartmoor, the Mendip, Cotswold, Malvern, and Lickey Hills; and last, but not least, the outdoor life did us a world of good. We made no attempt at record-breaking, but practically dawdled along, stopping when the fancy took us—we had neither of us had a day's holiday for a year.

We planned out the ride by the aid of the Cyclists' Contour Road Book and practically knew every inch of the ground before we started, although neither of us had ever set foot—or wheel—on the road previously.

Our expenses averaged seven shillings a day each. The charge for supper, bed, and breakfast varied from 5*s.* 6*d.* at the White Hart Hotel, Moretonhampstead to 4*s.* 6*d.* at a temperance hotel at Taunton. We experienced no difficulty whatever in obtaining all that we required. We were able to obtain lodging in each case at the first place to which we applied. The C.T.C. Handbook contains a very full list of approved country lodgings; it also gives the charge made by each. The world seemed made only for us those five days, and the courtesy and consideration, the help and little kindnesses, we received from one and all with whom we came in contact will ever remain a pleasant memory.

Our kit comprised an entire change of underwear and two spare blouses, packed tight and secured well under back of saddle. In this way no weight was experienced. We had no hair-breadth escapes or blood-curdling adventures, reaching our destination without even a puncture. M.

IN remarking on the value of pretty nurses in a hospital ward, Lord Derby's immediate object may have been merely complimentary, seeing that the stall-holder happened to be dressed in nursing garb. But this does not invalidate the truth of his utterance, which, we believe, says the *Evening Standard*, although we have no precise knowledge of the course of training undergone by hospital nurses, must be fully recognised as one of the main principles of that training. Otherwise, how does it come about that the majority of nurses are pretty—a fact which all those who meet them in any numbers will be prepared to corroborate? The nurse's dress no doubt has a good deal to do with it. But apart from this there are clear signs of a definite and very successful effort towards the attainment of an attractiveness, the healing value of which it is difficult to overestimate. Who would not wish to be restored to health in a world peopled by such fascinating figures as the patient sees around him? And the will to get better takes him at least half way to recovery.

"THINGS are not what they seem," and people are too apt, in choosing a flannelette, to pass their hands over it and judge of its warmth by the fluffiness of the surface, not knowing that in many cases this effect is artificially produced, in order to disguise the poverty of the material. There is, moreover, a great danger in this soft surface, since it easily catches fire if brought into contact with the flame. The well-known flannelettes manufactured by Horrockses *are* what they seem—and that is, good. They are smooth and very slow to ignite, and the observant eye can plainly see the excellence of the closely woven material.

SEVERAL inquiries have reached us with reference to the aseptic wallet designed by Nurse Barry, and we beg to state that it can be obtained from Messrs. Maw and Sons, 7 Aldersgate Street.

NOTES FOR MIDWIVES

October 24th was the first day of the second examination held by the Central Midwives Board in London at the Examination Hall, Thames Embankment, as before. This was the date for the written paper only, the *viva voce* examination being fixed for October 30th and 31st, and November 1st. With regard to future examinations, their number and approximate dates, the whole subject is to come up for consideration at the next meeting of the Central Midwives Board, on Thursday, October 26th. This was adjourned from the last meeting owing to the usual pressure of business. It will be a good thing when a definite settlement is arrived at, as the present uncertainty is naturally somewhat of a trial to training institutions, whose arrangements have to be made many months in advance, and for whom, therefore, a fixity of programme is of the first importance.

The following were the questions set for the Central Midwives Board Examination Paper on October 24th, 1905:—

1. To what points do you particularly direct your attention in the examination of the placenta and membranes after labour?
2. State in detail the methods by which you would distinguish a breech presentation from a presentation of the face?
3. Describe in detail your treatment, pending the arrival of the doctor, of a case of primary post-partum hæmorrhage after the placenta has come away?
4. What is the Rule of the Central Midwives Board concerning vaginal examination and passage of catheters? What bad results are likely to follow if these instructions are not carried out?
5. What is the lochial discharge? What are its characters from day to day in a normal lying-in? What alterations in it would you regard as being unnatural?
6. Describe the normal appearance of the infant's stools from birth to the end of the first week? What changes in them would you think it necessary to report to the doctor?

The Italian Midwives held their sixth Congress at Naples on October 1st and following days. About one hundred midwives from all parts of Italy attended the meeting. Addresses of welcome were delivered by Professor Novi, the octogenarian obstetrician of Naples; Professor Morandu, who spoke in the name of the University; and Professor Vairo, representing the Prefect. Professor Covi expressed the sympathy of the medical profession of Lombardy.

Fifty midwives have terminated their studies in the Imperial School of Medicine in Constantinople, and will receive their diplomas on the anniversary day of the Sultan's birth, after which they will be sent to different *sandjaks* and *cazas* where there are no midwives.

A maternity home, with accommodation for six patients, has been established at Newport (Mon.). It will be administered by the governors of the Newport and County Hospital, and will be available for the training of midwives.

Some very useful "post-graduate" lectures for midwives are being arranged at the Midwives' Institute in November, especially intended for those who are training pupils for the examinations of the Central Midwives Board, and who may be glad of an opportunity for brushing up their own knowledge and gaining hints on the best way to utilise the district material for teaching purposes. The lectures will be held on Wednesdays, November 15th, 22nd, and 29th, at 6.30 p.m.; the lecturer will be Dr. Fairbairn. Tickets may be obtained from the Secretary at the Institute, 12 Buckingham Street, Strand; to members, 1s. a lecture or 2s. 6d. the course of three; non-members, 2s. a single lecture or 5s. the course.

A meeting of the Council of the Association for Promoting the Training and Supply of Midwives will be held at the offices of the Association, Dacre House, Dean Farrar-street, Westminster, on Friday, October 27th, at 2.45 for 3 o'clock. Mr. Arthur L. Leon, L.C.C., will be in the chair. The business includes the election of new members of Council, a report of the Association's work, generally, by Mrs. Wallace Bruce, Chairman of the Executive Committee, and, what will be especially interesting, a report by Dr. Mary Rocke of the L.C.C. Lectures to Midwives. Discussion and suggestions as to the work and policy of the Association are invited, special points, if possible, being notified to the secretary beforehand.

NEWS FROM THE NURSING WORLD

HOSPITAL

The first block of a native hospital and maternity charity will soon be opened in Cambogia, Indo-China, with the support of the native king.

DISTRICT

At a time when so many nursing societies are obliged to appeal for more funds, it is pleasant to find that the Dunbar, Belhaven, and Spott District Nursing Association has an income of £148, an expenditure of £110, and a balance of £398, of which £225 is the reserve fund. The committee, by adding £75, have now secured a reserve fund of £300 to the society. We hope that such an example will be widely followed.

At the Barnstaple Nursing Association the nurses have paid over three thousand visits in the town, and 180 new cases have been received. There is a sum of £118 on deposit. Nurse Haynes was warmly praised, and was granted an extra honorarium of five guineas for the expense she has been put to during the past year.

The cases attended and visits paid by the Queen's Nurse at Colwyn Bay are greatly in excess of last year. This one nurse paid 4,882 visits to 160 patients, and her services are increasingly appreciated by the medical men. The working classes subscribed well, and the report of the Inspector, Miss Pritchard, is most satisfactory.

During its twelve years of progressive work, the Lincolnshire Nursing Association has largely succeeded in its task of arranging Lincolnshire into districts, three of which are now ready to join when a nurse is provided. Nine nurses have been trained this year for the special work by County Council scholarships for nine months, instead of six as formerly. Another nurse has had three years' hospital training. The Committee have opened a home for a small reserve staff of emergency nurses, and for nurses who have worked three years in the county, and are entitled to a higher salary than some districts can afford, and who are employed here until a vacancy occurs.

The Committee of the Malton District Nursing Association have decided to take Risca Cottage, Norton, and furnish two rooms for the nurse. The nurse paid 4,624 visits. A garden *fête* was held in the gardens of Judge Raikes, K.C., which brought £25 to the funds. There is a balance of £59.

Mr. J. W. Lowther, M.P., spoke at the Cumberland Nursing Association on the value to medical men of the district nurse, ever ready to carry out their injunctions, and placing her trained services at their disposal. Thirty-seven are now at work in the affiliated districts, six being Queen's nurses, and thirty-one village nurses. The work of the Association, according to the report read by Lady Lonsdale, has been going on steadily and satisfactorily.

Lady Londonderry congratulated the Gateshead Nursing Association on its excellent work, through which the mother could be attended in her home, instead of going to a hospital and breaking up the household. She remarked that nurses could also help to diffuse hygienic knowledge, especially in the care and feeding of infants,

thereby helping to check the national physical deterioration of the race. She regretted that the income had been £104 less than the expenditure, although a grateful patient had left a legacy to the Association. Many local speakers also praised the work, and regretted the falling off in the funds.

APPOINTMENTS

Babraham and Abington District Nursing Association.—Nurse Hewer has been appointed district nurse.

Bristol, Eastville Workhouse.—Miss Mary Mayes has been appointed charge nurse. She was trained at the Birmingham Poor Law Infirmary. Miss Ethel Rose has also been appointed charge nurse. She was trained at the Bradford Poor Law Infirmary, and has worked at the Victoria Nursing Home, Harrogate.

Charing Cross Hospital.—Miss Lilian Hollings has been appointed out-patients' sister, Miss Maud Hopton sister of a men's medical ward, and Miss Grace Hamilton sister of men's and women's surgical wards. These ladies were all trained at Charing Cross Hospital.

Cheltenham Union Infirmary.—Miss Florence Tudball has been appointed charge nurse. She was trained at the Stapleton Infirmary, Bristol, where she became staff nurse, and she has since held the appointments of staff nurse at Kettering General Hospital and Barry Accident Hospital, and has been on the private staff of the Northamptonshire Nursing Institution. She holds the C.M.B. certificate.

Melton and Belvoir Isolation Hospital.—Miss Clara Shields has been appointed matron. She was trained at the New Cross Fever Hospital.

Newry District Nursing Society.—Miss Corneille has been appointed district nurse, to commence her duties in November.

Northampton Union Infirmary.—Miss E. M. Sheen has been appointed nurse. She was trained at the Moseley Convalescent Hospital, and has since been at the Cheltenham Infirmary.

Queen Alexandra's Imperial Military Nursing Service.—*Postings and Transfers at Home.—Staff Nurse:* Miss M. Plaskitt to Royal Herbert Hospital, Woolwich. *Postings and Transfers Abroad.—Sisters:* Miss M. Kendall to South Africa from Woolwich. Miss K. Pearse to South Africa from Chatham.

Stafford Isolation Hospital.—Miss Sara Bridge has been appointed nurse matron. She was trained at Staffordshire General Infirmary, where she was night sister for five years. She has also been night superintendent at the Blackburn and East Lancashire Infirmary.

West Ham Union Infirmary.—Miss Fanny Esther Barrow has been appointed sister. She was trained at the Poplar and Stepney Sick Asylum, and has since held the post of staff nurse at the Brighton Throat and Ear Hospital, was on the private nursing staff of the Brighton Nursing Home, and has been night nurse at the North-West London General Hospital, and sister at Mount Vernon Consumption Hospital, Northwood.

RESIGNATIONS

Chulmleigh Cottage Hospital.—Miss Annie H. Quickfall, who was recently appointed matron, has resigned.

Foleshill Nursing Association.—The Committee much regret the resignation of Nurse Poole, who made 6,554 visits last year, and for five years has done most excellent work, to the entire satisfaction of the Committee, who wish her every success in her future career.

Newry District Nursing Association.—Nurse Storey has resigned her position as district nurse.

COMING EVENTS

October 30th, 31st, and November 1st.—*Viva voce* examinations Central Midwives Board.

November 2nd.—Conference Matrons' Council of Great Britain and Ireland. Paper: "The Twentieth Century Matron," by Miss Isla Stewart, President; 431, Oxford-street, 8 p.m.

November 11th.—Afternoon "at home" at the offices of the Registered Nurses' Society, 431, Oxford-street, W.

A correspondent writes to say that aseptic wallets made of double white apron linen were used by the sisters and nurses of the Royal Cornwall Infirmary, Truro, four years ago. They buttoned inside the white linen belts, and were changed two or three times a week.

THE HEALTH OF SCHOOL CHILDREN

The excellent plan adopted by the Sydney Dental Hospital of examining the teeth of the children at the public schools is likely to be followed both in Victoria and in New Zealand. In New Zealand it is proposed to go further, says the *British Journal of Dental Science*. The idea there is that the eyesight, hearing, and mouths of the children should be periodically examined, with a view to the conservation of the natural faculties. It has been shown by medical practitioners and dentists who have visited schools at the request of the teachers, that very few children have all their natural capacities thoroughly conserved by their parents. At a school in Christchurch, for instance, it was found that out of the 106 present between the ages of nine and fourteen years, only one child, a boy, and he a recent arrival in the colony, had sound permanent teeth. Of all the others, 40 per cent. had teeth which could be saved by immediate attention, and 60 per cent. had teeth in a hopeless state of decay.

COMPETITION VI

THE MOST VALUABLE HINT.

The first prize of one guinea has been won by

Miss Eleanor C. Barton,
Matron, Chelsea Infirmary, S.W.

whose paper will be published in our next issue.

The three prizes of 10s. 6d. each are given to

Miss Helen Tovil,
Westminster Hospital, S.W.,

Miss C. M. Biggs,
Greenway Lodge, Bath,

and

"Maple-leaf"
(Paddington.)

Good papers have also been sent in by M. W. (Lewes); N. W. (Brighton); M. F. (Princes-street, W.); E. E. P. (Kingsbridge); R. A. A.; A. F. K. (Lambeth); E. M. H. (Lambeth); Nurse F. (Hayle).

These papers will be published in due course.

Another competition will be announced next week

All Editorial communications to be addressed to The Editor, "The Nursing Times,"
Messrs. MACMILLAN & CO., Ltd.,
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